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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Citizens for Turner 120 W 2nd Street ADDRESS (number and street) Suite 1510 (Check if address is changed) Dayton 45402-1603 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nkbaur@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2002 C00373001 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wilberding, Merle, , , Type or Print Name of Treasurer Wilberding, Merle, , , [Electronically Filed] 03 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate in	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of Candidate Turner, Michael, R, Rep.,	
Candidate Office	State
Party Affiliation REP Sought: * House Senate	President 10
(c) This committee supports/opposes only one candidate, and is NOT an authorize	zed committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	n on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Sto	ock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is N committee. (i.e., nonconnected committee)	IOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a f	
(h) This committee collects contributions, pays fundraising expenses and disburses r committees/organizations, none of which is an authorized committee of a federal	
Committees Participating in Joint Fundraiser	
1. FEC ID no	umber C
2. FEC ID nu	umber C
3. FEC ID nu	ımber C
4. FEC ID nu	mber C

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Write or Type Committee Nar		i age 3
Citizens for Tu		
	I Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ershin PAC Sponsor
	organization, Animated Committee, Some Fundralising Representative, or Lead	ersinp i No oponsor
Turner Victory Fund		
Mailing Address	824 S Milledge Avenue	
	Suite 101	
	Athens GA 30609	5-1332
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the person in	possession of committee
	ing, Merle, , ,	
Full Name	1013 Rubicon Road	
Mailing Address		
	Dayton , OH , 4540	9
Title or Position	CITY STATE	ZIP CODE
Treasurer		449 - 5772
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Wilberdin	ng, Merle, , ,	
Mailing Address	1013 Rubicon Road	
	Dayton OH 4540	9
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 937 =	449 - 5772

I EU FUIIII	1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
Name of Bank, D	xes or maintains funds. Depository, etc. First Financial	
Name of Bank, D	Depository, etc.	
Name of Bank, D	PO Box 476 Hamilton OH 45012-0476	CODE
Name of Bank, D	PO Box 476 Hamilton CITY STATE ZIP	CODE
Name of Bank, D Mailing Address	PO Box 476 Hamilton CITY STATE ZIP	CODE
Name of Bank, D Mailing Address Name of Bank, D	PO Box 476 Hamilton CITY STATE ZIP Depository, etc.	CODE
Name of Bank, D Mailing Address	PO Box 476 Hamilton CITY STATE ZIP Civista Bank	CODE
Name of Bank, D Mailing Address Name of Bank, D	PO Box 476 Hamilton CITY STATE ZIP Civista Bank 100 E Water Street	CODE
Name of Bank, D Mailing Address Name of Bank, D	PO Box 476 Hamilton CITY STATE ZIP Civista Bank	CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
T			
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
TAKE BACK THE	HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in whintains funds.	ich the committee deposit	ts funds, holds accounts, rents
	ust Bank		
Mailing Address	PO Box 4418		
	Atlanta	GA	30302-4418
	CITY A	STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Capital	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. One Bank	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig i ai iioipaiiti			
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated Comm	nittee, Joint Fundrais	ing Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY	A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Co		ndraising Representa	Leadership PAC Sp
			ndraising Representa	Leadership PAC Sp
esignated Agent: Identi			ndraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone nur	mber – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number of the control of	mber – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, PNC	y by name, address (phone number of the pries: List all banks or other deaintains funds.	mber – optional)	STATE A	ZIP CODE A s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number of the pries: List all banks or other deaintains funds.	mber – optional)	STATE A shone Number	ZIP CODE A s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing	y by name, address (phone number of the prices: List all banks or other deaintains funds.	mber – optional)	STATE A shone Number	ZIP CODE A s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number of the prices: List all banks or other deaintains funds. 300 Fifth Avenue	mber – optional)	STATE A shone Number	ZIP CODE A s funds, holds accounts, rent

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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afety deposit boxes of	ells Fargo	nt Avenue	which the committe	ee deposits	s funds, ho	olds accounts, ren
tanks or Other Deposite to the deposit boxes of Bank, depository, etc.	ells Fargo		which the committe	ee deposit	s funds, ho	olds accounts, ren
tanks or Other Depote afety deposit boxes of Bank, We	or maintains funds.	ks or other depositories in	which the committe	ee deposit	s funds, ho	olds accounts, ren
anks or Other Depo		iks or other depositories in	which the committe	ee deposit	s funds, ho	olds accounts, ren
	ositories: I ist all han	ks or other depositories in	which the committe	e denosit	s funds ha	olds accounts ren
TITLE OR POSIT						
TITLE OR POSIT			Telephone Nu	mber		
	TION ▼	CITY A	S	TATE A		ZIP CODE ▲
Mailing Address						
Full Name						
esignated Agent: Id	dentify by name, addro	ess (phone number – optior	nal)			
Conr	nected Organization	Affiliated Committee	Joint Fundraising	Representa	utive	Leadership PAC S
Relationship:		CITY A		STATE A		ZIP CODE ▲
			I			
J						
Mailing Address						
lame of Any Conne	cted Organization, A	Affiliated Committee, Joint	Fundraising Repr	esentative	, or Lead	ership PAC Spor
4.			. 20 15			
3.			FEC ID		C	
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2.						
			FEC ID		C	